

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16	1					
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22	1					
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36						
37						
38						
39	1					
40						
41						
42						
43						
44						
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46						
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.		63				
TOTAL CLAIMS						

  

51						
52						
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65	1					
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97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.		63				
TOTAL CLAIMS						

57  
6  
63

8  
63  
71